PTO/SB/06 (05-03)
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PA	Application or Docket Number 10/005 609										
		SMALL	ENTITY	OR		R THAN ENTITY					
FOR		IUMBER FILED	NUMP	BER EXTRA	7	0.45					
BASIC FEE (37 CFR 1.16(a))				HOMBERCATION		RATE	FEE	1	RATE	FEE	
TOTAL CLAIMS						x s 9 =	<u> </u>	OR	70	\$	
(37 CFR 1.16(c)) INDEPENDENT CLA	MMS	minus	20 = .		1	x \$_7 =	ļ	OR	x s_/0 =	<u> </u>	
(37 CFR 1.16(b))		minus	20 =		1	x s_93 =		OR	x \$ 86 =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5 145 =		OR	+s290=		
* If the difference in		TOTAL		ok	TOTAL						
2 / 20/ CLAIMS AS AMENDED - PART II											
(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR		R THAN ENTITY	
V L U Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) W V	REMAINII AFTER AMENDME	IG INT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	- ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))		Minus	<u> </u>	0]_	x s=		OR	x s=		
Independent (37 CFR 1.16(b))		May			1	x \$=		OR	x \$=		
FIRST PRESEN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	+\$ =		
					3 1	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	(Column 1	١	(Column 2)	(Column 3)					1		
M Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	CLAIMS REMAININ AFTER AMENDME	G T	HIGHEST NUMBER . PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))	<u> </u>	Minus	••	=		x \$=		OR	x \$ =		
Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x s =		
FIRST PRESEN	TATION OF MUL	TIPLE DEPENDI	ENT CLAIM (37 CF		+\$ =		OR	+s =			
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	(Column 1))	(Column 2)	(Column 3)							
ENT C	CLAIMS REMAININ AFTER AMENDMEI	٧T	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	į	RATE	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))		Minus	**	=		x s = -		OR	x \$=		
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	***	Ε		x s =		OR .	x \$=		
FIRST PRESENT	TATION OF MUL	TIPLE DEPENDE	ENT CLAIM (37 CF	R 1.16(d))		+ \$=		OR	+ \$ =		
	•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE						
"" If the "Highest I	Number Previo Number Previo	usly Paid For usly Paid For	in column 2, write IN THIS SPACE I IN THIS SPACE I	is less than 20,	ente	or "20". "3".			•		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

	PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001									Application or Docket Number					
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			55		.B	·S		RATE		FEE		RATE	FEE		
FOR				NUMBER I	FILED	NUMBER EXTRA			BASIC FEE		370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS				55 min	us 20=	• 35			X\$ 9=			OR	X\$18=	630	
INDEPENDENT CLAIMS				[(mir	nus 3 =	8			X42=			OR	X84=	672	
MU	LTIPLE DEPEN	DEN	T CLAIM PI	RESENT					+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTA	L		OR	TOTAL	2042		
CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)									SMAL	L E	NTITY	OR	OTHER SMALL		
AMENDMENT A		RE	CLAIMS EMAINING AFTER ENDMENT		HIGH NUM PREVIO	EST B ER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RÁTE	ADDI- TIONAL FEE	
Š	Total) () ()	3/	Minus	** _	55	. /		X\$ 9=	_		OR	X\$18=		
	Independent	ě	13	Minus	*** '/	/('	= 2	11	X42=		<i>[</i> :]	OR	X84=	176.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								J	+140:	=.	1	OR	+280=	7)	
							•	TOT ADDIT, FI			OR	TOTAL ADDIT, FEE	176.00		
9	7-19-09 (Column 1) (Column 2) (Column 3)														
AMENDMENT B		RE	CLAIMS EMAINING AFTER ENDMENT				PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	•		Minus	-0		=	┨┃	X\$ 9=	۱.		OR	X\$18=		
AME	Independent	• <	(Munic V	ENDEN	C AIM		┦┨	X42=			OR	X84=		
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	-		OR	+680=		
l 7	12/1/04 Response								TOT.			OR	TOTAL ADDIT. FEE		
<u> </u>	12-7-0	<u>7 (C</u>	olumn 1)		(Colui	mn 2) (⊂ิวา	(Column 3)	5 r		_	AODI			A001	
AMENDMENT C		RE	EMAINING AFTER ENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
100	Total	•	32	Minus	5	5	- 0] [X\$ 9=			OR	X\$18=		
	Independent	Ŀ	13	Minus				1	X42=			OR	X84≖		
۳	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	_		OR	+280=		
	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									AL		 ∩Ω	TÖTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE															

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